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APPLICANTS STEPHANIE WARD, NESHANIC STATION, NJ;					
** CONTINUING DATA ***** <i>SLIP</i>					
** FOREIGN APPLICATIONS ***** <i>SLIP</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 01/28/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY NJ	SHEETS DRAWING 11	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SL</i>					
Verified and Acknowledged Examiner's Signature _____ Initials _____					
ADDRESS STEPHANIE WARD 99 SUNNYMEAD ROAD HILLSBOROUGH, NJ08844					
TITLE METHOD AND SYSTEM FOR HOME MEDICAL MANAGEMENT					
FILING FEE RECEIVED 425	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		